

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: <u>7/5/02</u>		2 Serial/Patent # <u>09/998,004</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input type="checkbox"/>	Filing		\$
<input type="checkbox"/>	Amendment		\$
<input type="checkbox"/>	Extension of Time		\$
<input type="checkbox"/>	Notice of Appeal/Appeal		\$
<input checked="" type="checkbox"/>	Petition	3	2/28/02 \$ 130.00
<input type="checkbox"/>	Issue		\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$
<input type="checkbox"/>	Maintenance		\$
<input type="checkbox"/>	Assignment		\$
<input type="checkbox"/>	Other		\$
		7 TOTAL AMOUNT OF REFUND	<u>\$ 130.00</u>
		8 TO BE REFUNDED BY:	
10 REASON:		Treasury Check	
<input type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:
<input type="checkbox"/>	Duplicate Payment	,	<u>20--1430</u>
<input checked="" type="checkbox"/>	No Fee Due (Explanation):  <i>Figures present on filing. Postcard receipt as proof.</i>		
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>E. Shirene Willis</u>		TITLE: <u>Petitions Atty</u>	
SIGNATURE: <u>E. Shirene Willis</u>		PHONE: <u>308-6712</u>	
OFFICE: <u>Office of Petitions</u>			
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****			
APPROVED: <u>Alma Kelly</u>		DATE: <u>7/14/02</u>	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B